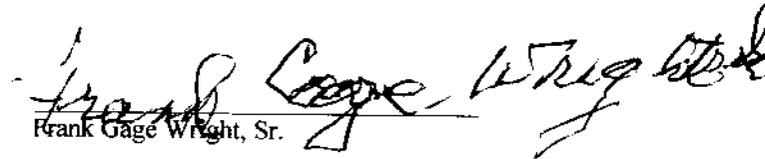


NOTICE OF REVOCATION OF POWER OF ATTORNEY

Know all men by these presents, that I, Frank Gage Wright Sr, D.O.B: September 11, 1942 of 411 Hill Street Apt 107, Hernando, MS 38632, County of DeSoto, State of Mississippi, in and by my written power of attorney, date August 21st, 1997 did make and appoint Beverly Dee Wright my true and lawful attorney in fact for the purposes and with the powers therein set forth, as more fully appears by reference thereto, or to the record thereof. made on P Book 75, Page 216 in Power of Attorney Book, in the office of the Chancery Court of Desoto, State of Mississippi.

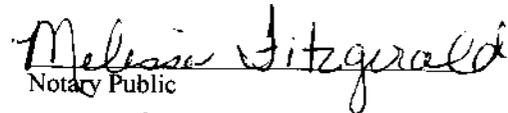
Notice is hereby given that I, Frank Gage Wright Sr, by these presents have revoked, and do hereby revoke, said Power of Attorney and all power and authority thereby given, or intended to be given, to Beverly Dee Wright.

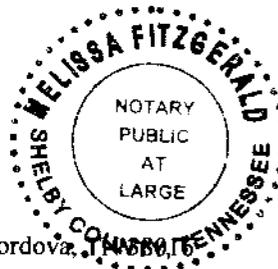
In witness whereof, I have signed this instrument the 27th day of December, 2005.


Frank Gage Wright, Sr.

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and of the county and state, on this the 27th day of December, 2005, with in my jurisdiction, the with named Frank Gage Wright, Sr. who acknowledged that he executed the above and foregoing instrument.


Notary Public



* Prepared by Diane Hendrick , Daughter, 1651 Farkleberry, Cordova, TN 38016

901-834-1323 cell
901-624-6478-HA

MY COMMISSION EXPIRES MAY 1, 2006.

STATE OF TENNESSEE
Office of Vital Records

BK 112 PG 131

483
1963
27
0075

CERTIFICATE OF LIVE BIRTH

DEPARTMENT OF PUBLIC HEALTH - STATE OF TENNESSEE - DIVISION OF VITAL STATISTICS

NO. 141-63-72983

THIS RECORD A LEGAL RECORD WHEN PROPERLY EXECUTED AND WHEN AS PLACED IN THIS CERTIFICATE

TYPE OF SEX ONLY (GREEN OR BLACK) MALE, FEMALE OR BLACK IS

ATTENDANT NAME, TITLE, ADDRESS, PHONE NO. (IF MULTIPLE)

ATTENDANT SIGNATURE (IF DELEGATED)

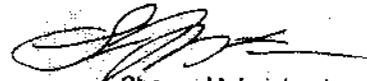
ATTENDANT MUST FILE THIS CERTIFICATE WITH THE LOCAL REGISTRAR WITHIN 15 DAYS AFTER BIRTH.

MOTHER'S MAILING ADDRESS A FREE STATIC COPY OF THIS CERTIFICATE WILL BE SENT TO HER.

ITEMS 21-23 ARE FOR MEDICAL AND HEALTH USE ONLY AND WILL NOT APPEAR ON CERTIFICATE.

1. NAME OF CHILD FIRST MIDDLE LAST Martha Diane Wright		
2. SEX Female	2A. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	2B. IF TWIN OR TRIPLET, THIS CHILD BORN 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>
4. DATE OF BIRTH MONTH DAY YEAR Oct. 31, 1963		
3. PLACE OF BIRTH A. COUNTY Shelby B. CIVIL DISTRICT		5. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?) A. STATE Miss. B. COUNTY DeSoto C. CIVIL DISTRICT
C. CITY OR TOWN Memphis D. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		D. CITY OR TOWN Nesbitt E. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
6. NAME OF (IF NOT IN HOSPITAL, GIVE STREET ADDRESS OR LOCATION) HOSPITAL Methodist		F. STREET ADDRESS (OR LOCATION) Box 124 G. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
FATHER OF CHILD		
7. FULL NAME FIRST MIDDLE LAST Frank Gage Wright		8. COLOR OR RACE White
9. AGE (AT TIME OF BIRTH) 21 YEARS	10. BIRTHPLACE (State or Foreign Country) Mississippi	11A. USUAL OCCUPATION Dairy Farmer
11B. KIND OF BUSINESS OR INDUSTRY		
MOTHER OF CHILD		
12. FULL MARRIAGE NAME FIRST MIDDLE LAST Martha Alma Hall		13. COLOR OR RACE White
14. AGE (AT TIME OF BIRTH) 23 YEARS	15. BIRTHPLACE (State or Foreign Country) Tennessee	16A. USUAL OCCUPATION Housewife
16B. KIND OF BUSINESS OR INDUSTRY		
17. PREVIOUS DELIVERIES TO THIS MOTHER (DO NOT INCLUDE THIS CHILD)	A. HOW MANY OTHER CHILDREN ARE NOW LIVING? 1	B. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 0
C. HOW MANY FETAL DEATHS? (BORN DEAD AFTER 20 WEEKS OF PREGNANCY) 0		
18. MOTHER'S MAILING ADDRESS Box 124 Nesbitt, Mississippi		
19. SIGNATURE A. I HEREBY CERTIFY THAT THIS CHILD WAS BORN ALIVE ON DATE STATED ABOVE. NAME: Jack S. Young M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> MID. <input type="checkbox"/> OTHER (SPECIFY) B. ADDRESS: 188 So. Bellevue C. DATE SIGNED		
20A. REGISTRATION DISTRICT NO. 791	20B. DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1963	20C. REGISTRAR'S SIGNATURE L.M. Graves Deputy

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.
Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.


Sharon M. Leinbach
STATE REGISTRAR

Date Issued Apr-07-2005



CERTIFICATION OF VITAL RECORD